

Non-Refundable Processing Fee:			
[	] New Filing	\$22.00	

When approved, your Limited Liability Partnership is registered for one (1) year. The last words of the name must be "Limited Liability Partnership" (LLP). An Original Certification of Fact or Good Standing from the Office of the Secretary of State, or other responsible Authority of the State in which the Limited Liability Partnership is formed, must accompany this application. Return fees with two (2) copies of this application.

1. Limited Liability Partnership name:	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	. •	
1. Eninted Liability 1 artifersing frame.	(Name of Limited Liability Partnership in the	Home State)	
2. This Limited Liability Partnership from the t	tribal nation of:		
3. Date of formation or organization:			
4. Business Purpose:			
5. Principal Address:			
	Street Address Only		
	City	State	Zip
6. Registered Agent Name & Address: (Utah Street Address Required, PO Boxes can be listed after the street address)	Name:		
,	Street Address		
	City	State	Zip
	Signature:		
7. Minimum 2 Partners:	Authorized Partner(s) attach additional pag	ges if needed:	
8. General Partner Name & Address:	Name:		
	Street Address		
	City	State	Zip
	Signature:		
8b. General Partner Name & Address:	Name:		
	Street Address		
	City	State	Zip
	Signature:		
9. The Limited Liability Partnership shall use a	s its name in Utah:		
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10. Under penalties of perjury and as an authorized partner, I	nber (1) unless the name is not available in Utah.	stament of change of	ragistared
office and/or agent, has been examined by me and is, to the be			registered
Limited Liability Partnership Authorized Signer Signature	Name & Title		
Under GRAMA {63-2-201}, all registration information maint	tained by the Division is classified as public record. Fe		rposes, you
may use the business entity physical address rather than the re	esiaentiai or private adaress of any individual affiliate	ea with the entity.	